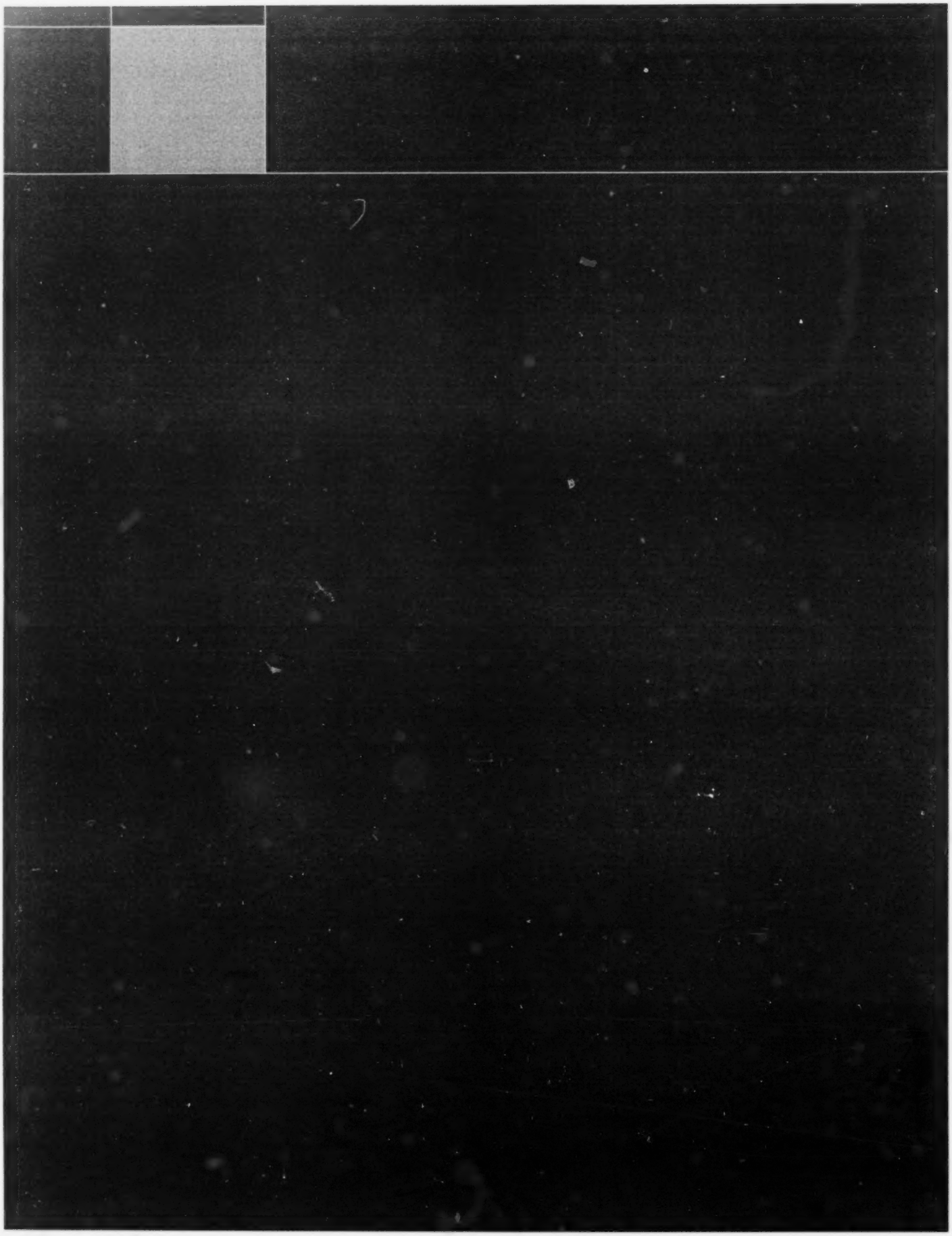
BACKGROUND REPORT TO A PLAN FOR A MENTAL HEALTH RESEARCH PROGRAM FOR ALBERTA

FEBRUARY, 2005

REFLECTING INPUT FROM REGIONAL, COMMUNITY, AND RESEARCH COMMUNITY FORUMS

This report has been prepared for the Provincial Mental Health Research Plan Working Group as a working paper in the development of: *"A Plan for a Mental Health Research Program for Alberta"* by staff and consultants working with the Alberta Mental Health Board.

AMHB
ALBERTA MENTAL HEALTH BOARD
...Advancing Mental Health



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INTRODUCTION

This report has been prepared to present the results of the Provincial Mental Health Research Plan (PMHRP or 'the Plan') Stakeholder Forums that were held throughout October, November, and December 2004. The forums were held to provide the opportunity for academic and community researchers, regional health authorities (RHAs), Ministries and other government agencies, research funding agencies, and the larger mental health community including community agencies, consumers, consumer representatives, and Aboriginal researchers to respond to and provide input into the developing PMHRP working paper that was circulated to participants prior to the forums. A total of 147 participants attended the following seven forums that were hosted and facilitated by the Alberta Mental Health Board:

Research Community Forum	Calgary October 25, 2004
RHA and Community Forum	Calgary October 25, 2004
Research Community Forum	Edmonton October 26 2004
RHA and Community Forum	Edmonton October 26, 2004
Aboriginal Research Community Forum	Edmonton November 9, 2004
RHA and Community Forum	Provincial Videoconference November 16, 2004
RHA and Community Forum (N. Region)	Ft. McMurray December 14, 2004

A total of 74 stakeholders attended the forums on October 25th and 26th. Two forums were scheduled each day, the morning engaging research community participants and the afternoon engaging participants from the RHAs and the mental health related community. Participants in the stakeholder forums were asked in small groups (total of 14 groups) to consider four questions with respect to the Plan:

- To what extent is the emerging strategy for the PMHRP directionally correct?
- To what extent does the developing PMHRP address the issues and priorities of the stakeholder organizations in which you work? What additional key initiatives, if any, are required?
- How would your organizations prefer, in principle, to engage as partners in the implementation of the PMHRP?
- What other organizations need to be involved?

The same questions were posed during a three-hour provincial videoconference held on November 16th, 2004. The targeted participants for this videoconference were service providers from community agencies, RHAs, and consumer groups. There were 35 participants in attendance from 13 sites across the province including four sites in Edmonton, two sites in Calgary, and one site each in Red Deer, Ponoka, Whitecourt, Medicine Hat, Raymond, Barrhead, and Grande Prairie. Small groups were again used at all sites to facilitate discussion of the questions.

On November 9th, the Aboriginal Research Community Forum was held at the Wingate Inn in Edmonton. Approximately 28 participants attended this full day forum that was coordinated by the AMHB Aboriginal Resource Team and included a keynote address by a respected Aboriginal researcher.

On December 14th, members of the internal team traveled to Ft. McMurray where they met with members from the Northern Lights Regional Health Authority, as well as local community agencies, to discuss concerns relevant to the more remote regions of Alberta. Approximately 10 individuals participated in this session.

Stakeholder participation

All forums were well received by stakeholders, and positive comments regarding the purpose and process of the forums were shared by many participants. This background report is a compilation of the input provided at six of the forums. Feedback given at the forums as well as individual feedback received from various stakeholders is presented thematically. All input received at the Aboriginal forum is presented in a separate document (the Aboriginal Forum Summary Report) and so is not included in the thematic analysis in this report because of the unique nature of research in Aboriginal communities.

It is important to note that the questions asked of forum participants were not generally responded to directly. Rather, dialogue relating to the PMHRP Plan and its implementation occurred spontaneously. Major themes were identified if all or the majority of groups and individuals provided similar input. Minor themes were identified if similar input was provided by at least two but no more than six groups and/or individuals. The themes are presented in the following sections:

A. Is the draft PMHRP directionally correct?
B. Suggested enhancements
C. Issues of concern
D. Partnerships

IS THE DRAFT PMHRP DIRECTIONALLY CORRECT?

Few groups answered this question directly but the one or two who did said that they felt it was directionally correct. The vast majority of others supported it indirectly by making many comments and/or suggestions that were in-line with its' direction. Most of the specific initiatives that were not shared in detail at the Forums but had been proposed in the Working Group were suggested spontaneously, validating the direction. Only one group said that they would need more information to know if it was directionally correct, and there was criticism of some aspects that were perceived to be missing. The following major themes were identified:

1. Support for the bridge between research and practice/policy
2. Support for a central coordinating body

Major Theme 1: Support for the bridge between research and practice/policy

There was strong support for the PMHRP focusing on bridging the research and practice worlds. Strategies such as regional access to research expertise and collaborative partnerships between academia and practice to facilitate the creation of research were supported. Effective dissemination and knowledge uptake methods to assist service providers and policy makers in choosing and using already existing research evidence were also deemed as integral to an effective provincial research plan by all groups. The need for orientation was identified as paramount to communicate what support for research is available. The following strategies to bridge research and practice identified in the PMHRP working paper were strongly supported and are identified below as sub-themes.

Sub-theme 1: Applied collaborative research

Clinically relevant applied research was seen by most groups as an important vehicle to bridge research and practice. Because applied research is traditionally not a priority for research funding and is difficult to conduct given the reward mechanisms at universities, it was strongly supported as a priority for the PMHRP. There was unanimous support for improving relationships between academia and RHAs and for building capacity within universities to conduct applied research in collaboration with the regions. Partnerships between researchers and service providers were seen as mutually beneficial, and the need for a strong voice from the practice level in setting research priorities and asking research questions was advocated. There was also strong support for advocating for alternate reward mechanisms for academic researchers to encourage their participation in community/collaborative research.

Sub-theme 2: Dissemination and knowledge uptake

Effective strategies to disseminate already existing and new knowledge, and to ensure that this knowledge is used to guide decisions relating to practice, service provision, and policy were recognized by all groups as priorities for inclusion in the PMHRP. Suggested strategies included the development of and access to a provincial information repository on best practices and a research project inventory; development of a mental health research web-site; regional access to electronic databases including the Health Knowledge Network; regional and community agency access to library services and mental health focused journals; regional support for conferences and networking; annual research showcases; the development and access to systematic reviews and/or state of the science reports and updates on current topics and practice/service-related questions; and implementation incentives to facilitate knowledge uptake as long as regions do not have to compete with each other.

Another strategy that was identified as having potential high impact on knowledge transfer was the development of a provincial mental health research practice network (or community of practice) that might also eventually be linked nationally. It was suggested that this network could link research groups and provide for communities of practice that could link academic and community partners. There was strong support for the inclusion of criteria in research proposals that addressed how research findings would be disseminated and implemented, and there was also support for including consumers as a target group for disseminating research findings.

Sub-theme 3: Access to expertise

Supporting the ability for regional health authorities and other service providers including community agencies to access free research and evaluation expertise in person or via phone or e-mail was identified by all groups as imperative in bridging the research and practice worlds. Suggestions included a rapid response team to answer critical practice and policy questions in a timely manner; and a panel of experts who can a) provide systematic reviews on request, b) make recommendations for implementation of new and innovative practices, policies, and service delivery models, and c) assist with complex research methodologies and analysis, and the development of winning research proposals. Participants in remote regions expressed concerns that some aspects of building research capacity could be difficult given problems in attracting new staff. It was suggested that it would be helpful to have a knowledge transfer expert onsite to ensure they had access to recent advances in mental health, and stronger partnerships and linkages within their own communities.

In addition, the gap between research and government was identified as a problem. The importance of translating research into a format that politicians and policy-makers could understand was stressed along with the necessity of rapid response to policy questions.

Sub-theme 4: Training

The need to provide training for regional and community service providers was strongly supported as integral to a PRMHRP. Part of building capacity in RHAs to find, choose and use research, and to actually do both research and evaluation, requires training. Developing skills and expertise in the regions to critically appraise research, develop research and evaluation methodologies, and create effective research proposals were all seen as important in bridging the gap between research and practice, avoiding the 'parachuting' of researchers into regions. Difficulties were expressed by remote regions as to how to link up with individuals providing supervision. It was also noted by some groups that managers need training on how to implement best practices.

In addition to training at the service delivery level, there was strong support for training opportunities for beginning researchers through studentships and fellowships. Strategies that were suggested for bridging the research practice gap included developing researcher/clinician internships for undergraduate and graduate students; providing studentships to Master level students that will be returning to practice after completion of their degree; and developing community/university partnerships for training investigators (e.g. University of Alberta study by Jeff Bisanz and Gina Brown). As well, training opportunities for practicing academic researchers in applied collaborative research was recommended.

Major Theme 2: Support for a central coordinating body

There was unanimous support for the PMHRP to recommend the establishment of some sort of central coordinating body to bridge the research and practice worlds, entailing a province-wide centre or organizational 'nucleus' or 'hub' that is assigned a number of coordinating and linkage functions such as the aforementioned inventory and network. The main role of the coordinating body would be to monitor and support the advancement of mental health research. The balance between centralization and de-centralization was recognized as important to avoid duplication. Most groups felt that a research fund needed to be integrated or closely aligned with the co-ordinating centre to allow for the development of priority setting processes and to avoid duplication of the administrative and allocation aspects of funding.

SUGGESTED ENHANCEMENTS

In addition to the small groups identifying what parts of the PMHRP working paper were directionally correct, a number of suggestions were made by the groups on how to enhance the content of the Plan. Four major themes were identified from the suggestions along with three minor themes, as follows:

Major Themes
1. Front-end of document
2. Consumer involvement
3. Involvement of service providers in research
4. Definitions

Minor Themes
1. Focus on evaluation
2. Thinking 'outside the box'
3. Ethical practice

Major Theme 1: Front-end of document

There was strong support in all groups to present a clear and powerful business case in the front-end of the PMHRP document. It was suggested that the business case include an outcomes focused, research specific 'vision' statement, with the ultimate goal articulated as improving client outcomes. A focus on the mental health of the population in the business case was also recommended by many, as well as conducting an economic analysis that would include describing:

- the unique aspects of Alberta
- what the key mental health needs of Albertans are
- why we need a made in Alberta solution
- how Albertans will benefit
- the benefits of early intervention
- what problems the Plan will solve
- what the costs will be
- what the investment will bring back to Alberta

It was noted in the group presentations that political activists drive policy, and that there is therefore the need for a comprehensive public communication plan. In addition, the need was raised for addressing issues that will be of concern to policy makers. The imbalance between research resources for mental health as compared to other areas such as cancer was suggested as a topic to present in the business case, along with the fact that mental health is currently a priority of the World Health Organization.

In terms of the Vision in the front-end of the PMHRP working paper, there was strong support for adopting a research specific vision statement that was more outcome-related as opposed to process-related. Many groups felt that the outcomes identified in the working paper were too process-related and should be tied more clearly to the Vision. In addition, there was strong support for identifying outcomes that were measurable, in order to be able to demonstrate success.

Major Theme 2: Consumer involvement

The practice of involving consumers (patients, clients, and families) in planning activities was strongly supported throughout the groups in numerous topic areas. Having the consumer voice represented in the full spectrum of the research process from the designing of questions and the setting of priorities to grant review and the dissemination of knowledge was seen as important. There was also support for including consumers on research ethics boards, peer review panels, and a central coordinating committee.

Major Theme 3: Involvement of service providers in research

In Section 1, bridging the gap between research and practice was described as being strongly supported as a high priority. Inherent in this concept is the training and support of service providers to find, choose, use, and create research. The three sub-themes identified below demonstrate the concerns voiced by the groups regarding the involvement of service providers in research, and participants strongly supported the inclusion of the concepts in the Plan.

Sub-theme 1: Incentives for implementing research

Incentives for knowledge uptake and the implementing of research into practice at both the regional and policy level were strongly supported. Suggestions included expanding programs such as the AHFMR SEARCH (Swift and Efficient Application of Research in Community Health) Program and providing funds for innovation. Lack of capacity was expressed as a particular concern in some of the smaller RHAs.

Sub-theme 2: Time-release for regional and academic staff

The ability of health care practitioners and administrators to find, participate in, use, disseminate, and create research was recognized as being severely hampered by time constraints. The need for mechanisms for time release was strongly supported to free up clinicians who have the skills and desire to do research and evaluation in the regions, and to increase the capacity in the regions to base decisions on evidence through literature and best practice reviews. Time release from teaching was also supported for academic researchers. It was suggested that the Plan should acknowledge that capacity building takes time.

Sub-theme 3: Support of small-scale site-specific research

Many participants voiced their concerns that small-scale research that is site-specific and relevant to specific populations was rarely supported. There was support for encouraging these applied research projects and backing them financially.

In addition, involving front-line workers in these small scale projects and/or encouraging front-line workers to initiate evaluation research projects was identified as important, including funding for small projects (e.g., data entry).

Attendees stressed the need to be proactive in finding these site-specific projects. The need to excite researchers in rural communities to do research was also identified; a lack of 'passion' was seen as a potential obstacle. The high turnover in care providers in some remote regions was also identified as a problem.

Major Theme 4: Definitions

Sub-theme 1: Definition of terms

Throughout the small group process used in the forums, numerous terms were identified by participants as requiring clarification and definition in the PMHRP working paper. There was support for the PMHRP being grounded in a recognized definition of mental health, and a definition was recommended by one participant from the Epp Report (1988) *Mental Health for Canadians: Striking a Balance*, which defines mental health as:

> "the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice, and the attainment and preservation of conditions of fundamental equality".

Other terms identified as having high priority to clarify and define were:

- mental illness
- research and mental health research
- critical research domains (4 pillars of research)
- dissemination
- co-morbidity
- researcher
- capacity building
- knowledge uptake

In addition, there was strong support for broadening the definition of service provider to include those individuals who work in community agencies.

Sub-theme 2: Definition of evidence

It was widely suggested that the criteria for research and the concept of evidence be broadly defined to include the full range of research methods such as quantitative, qualitative, interpretive, participatory action research, and Aboriginal ways of knowing, and that the language of the Plan reflect this inclusion. It was further supported that a variety of methodologies including those above be supported through the research fund.

Minor Theme 1: Focus on evaluation

There was some support for the resolution of the 'disconnect' between research and evaluation. Evaluation research was seen by many participants as a priority, and the PMHRP working paper was seen as missing an important evaluation component.

Minor Theme 2: Thinking 'outside the box'

Although the importance of supporting innovation and new ideas was reported by only half of the groups, there were many voices around the tables that spoke to this. The idea of supporting regional and community front-line efforts to 'think outside the box' in terms of service delivery was raised, and it was suggested that there be a special fund to support these projects.

Minor Theme 3: Ethical practice

Some participants voiced that although the four pillars of research were included in the PMHRP working paper, the cross-cutting theme of ethics was not. Research in ethical practice was identified by one group as a priority given the ethical complexities of mental health treatment. Resources that support ethical practice were supported, such as a Mental Health Research Ethics Board, having mental health specialists on already existing ethics boards, and having ethics committees within mental health facilities.

Stigma has been identified as an ethical issue by the World Health Organization (WHO) and the USA's Surgeon General, and it was suggested that it should therefore be a high priority for research. In addition, the importance of addressing diversity in health and cultural competency was raised both in terms of the setting of research priorities and the conduct of research itself.

ISSUES OF CONCERN

Along with support for the direction of the Plan and suggested enhancements to the Plan, a number of issues were presented by the small groups that require attention. These issues are represented in the following major themes:

1. Scope and focus of the plan
2. Priorities
3. Accountability roles and structure
4. Funding
5. Availability of data

Major Theme 1: Scope and focus of the plan

It was almost unanimously supported that the scope of the PMHRP be limited or narrowed by clarifying the focus. There was concern that the fund could be spread too thin with little to no impact on the mental health of Albertans. Although there was strong group support as previously mentioned for a focus on applied collaborative research with the questions being generated from practice, many participants voiced their support of investigator-driven research as long as incentives were there to encourage collaboration with regions and communities. There was also support for biomedical research if it could be established that there were clear links to practice and demonstrated relevance to improving mental health.

Major Theme 2: Priorities

There was nearly unanimous support for the inclusion of a strategic priority setting process that involved all stakeholders, with mechanisms for 'special calls' in priority areas in addition to traditional competitive research. Several issues relating to priorities were identified in reviewing group feedback and are presented in the following sub-themes.

Sub-theme 1: Prevention and promotion

It was felt by many participants that the full continuum of service from promotion and prevention through to tertiary care, and the broader determinants of mental health were not reflected in the PMHRP working paper.

Sub-theme 2: 'Who sets the priorities?'

There was unanimous support for stakeholder involvement in priority-setting for mental health research. Included in the stakeholder group for priority-setting were consumers, community agencies, and policy makers, rather than just RHAs and universities. A strong consumer focus in determining priority needs was supported by some, and a balanced approach was supported by others. It was agreed that who sets the priorities and prioritizing criteria need to be determined and included as part of the Plan.

Sub-theme 3: Investigator-driven research vs. applied research dichotomy

It was strongly supported that, in order to not lose investigator-driven research, a distinction should be made up front in the PMHRP between this type of research and research that is driven by the needs of service providers and policy makers. It was pointed out that the working paper has a strong goal to strengthen service delivery as an outcome but says little about attracting basic research where service delivery will not be impacted directly. The need to fund some ground-breaking research was identified by some, but others felt that investigator research needed to be a subset of applied research. This disparity in views requires resolution.

Sub-theme 4: Disagreement on the four pillars

There were two distinct and different views that came out of the group discussions regarding which of the four pillars of research was the priority. The first view emphasized balance, with interactions and networking between all four pillars. The second view was that pillars 3 and 4 were the priorities (health services and population health) should have priority. The importance of research having systemic impact was raised.

Major Theme 3:
Accountability roles and structure

Although no specific questions about roles and responsibilities or governance were put to the groups, there were many spontaneous comments on this topic. The following sub-themes categorize these comments.

Sub-theme 1: Housing of the central coordinating nucleus or 'hub'

There were differing views as to where the coordinating Centre should be housed. Some participants specified that the Centre should be at arms length from government, regions, and universities, and should be somewhat independent yet accountable to major stakeholders. Others said that an arms length Centre may add another bureaucratic layer, and that the Centre should not be unilaterally located and governed; rather, it should be virtual, and sectorally and geographically dispersed with multiple lines of accountability to key stakeholders. One or two participants felt that the academics should not be the 'drivers', but that some sort of governing or advisory group of all stakeholders such as a stakeholder coordinating or advisory committee should be established. It was agreed that those who received funding should not be in the position to make decisions about allocation of funds.

Sub-theme 2: Role of the AMHB

There was a general consensus that the role of the AMHB in research needed to be clarified. Some felt that the role should be purely one of facilitation while others felt that the research infrastructure could be housed within the AMHB as long as stakeholders were involved and had a role in setting the research agenda. There was a strong push not to have the AMHB decide unilaterally where the funds would be dispersed.

Sub-theme 3: Utilizing strengths of other models

Utilizing the strengths of other models of accountability such as the Alberta Cancer Board and the Alberta Centre for Child, Family and Community Research was strongly supported. Participants suggested that examples should be provided of other national & international models with successful outcomes.

Sub-theme 4: Build on and optimize existing resources

There was strong support to build on existing structures both provincially and within the RHAs. For example, instead of creating a new Mental Health Research Ethics Board, establish mental health expertise on already existing Boards. AHFMR was recommended by some participants as an existing infrastructure to administer research funds. Nesting functions in already existing structures was identified as a potentially effective means of optimizing existing resources. Building on the integration of mental health into health was seen as a potentially effective way to link mental health research to the determinants of health. It was generally agreed that the PMHRP could not be isolated from overall health services and health research planning.

Sub-theme 5: Accountability of regions

There was some concern about the ability of regions to integrate research into their culture without the support of administrators. Incentives for knowledge uptake and time release as aforementioned, and multiple specialized centers to build on existing clinical specialization and optimize linkages were suggested as ways to support regional research implementation and sustainability.

Major Theme 4: Funding

There was agreement that the research/practice bridge could be facilitated through funding criteria that requires the demonstration of relevance to improving mental health. Some other suggestions included requiring research teams to have regional membership or requiring collaboration with stake-holders. It was also agreed that any money given to the RHAs should be based on specific criteria and outcome expectations.

Consultations pointed to opportunities to acquire funding from non-traditional sources. For example, suggestions were made that industry may wish to fund projects of relevant local interest that impact them economically and are generated by industry practices in remote regions (e.g., mental health issues of the 'shadow population' or repercussions of shift work).

What sorts of research should be funded has been addressed in other themes but there seems to be strong support for special 'calls' and innovation funding, as well as funds for capacity building that could be used in a flexible manner by RHAs or other community groups with specific expectations attached. It was agreed that funds for infrastructure should be kept to a minimum. Funding specifically earmarked for dissemination was supported along with a Foundation type mechanism to attract new funds. The need for funding to be allocated according to high quality processes of peer review was strongly supported. As aforementioned, administration of funding could be nested in already existing structures, and those who receive funding should not be in the position to make decisions regarding allocation.

Major Theme 5: Availability of data

The need to develop a database or registry to support research, similar to Scandinavian countries, was raised. There were concerns that relevant data is difficult to access and at times not collected. It was suggested that databases to support research be developed or enhanced for mental health, and that the databases should enable cross-sector and cross-ministry data collection to identify provincial trends. Continued and enhanced access to timely information related to prevalence and utilization data was highlighted. The need for data analysis support was also raised, including procurement of software to support the data analysis.

PARTNERSHIPS

Potential partners were discussed on request as well as spontaneously by participants in their small groups and in the larger group as a whole. Clarification of roles for some partners was suggested, and recommended linkages were identified. As well, partnering processes were discussed. These elements of partnerships are presented in the following major themes.

1. Engagement of partners
2. Community agencies as partners
3. Promising partnerships

Major Theme 1: Engagement of partners

There was strong support not just for creating and enabling partnerships, but sustaining partnerships as well. It was generally agreed that partnerships need to be formalized in order to be effective, and that the structure of coordination and setting of research questions and priorities must be based on partnerships. Most groups identified the need to build on existing partnerships as well as collaborative initiatives and incentives to encourage researchers to do collaborative community research. It was felt by some groups that a strong emphasis on enabling partnerships needed to be reflected in the Plan. Building on existing partnerships was also strongly supported (e.g. ACADRE and SEARCH).

Major Theme 2: Community agencies as partners

There was strong support at the regional and community forums for including community agencies in the PMHRP as equal partners. It was pointed out that the non-profit agencies rarely get funded to do research, and so they require increased funding, more researchers and overall capacity building. Community agencies often have great datasets to bring to the table and would benefit from expertise in evaluation and the dissemination of best practices. As well, the need to give back to the community was identified as imperative for ethical mental health research.

Major Theme 3: Promising partnerships

The need for partnerships outside the 'usual' mental health community was seen by most groups as important. Included in this would be industry and disability organizations. The following Table identifies existing and potential partners in addition to Alberta Universities, the AMHB, government ministries, and the regional health authorities.

TABLE 1:
Promising Partnerships

- 211
- Aboriginals Capacity and Development Research Environments (ACADRE)
- Alberta Alcohol and Drug Abuse Commission (AADAC)
- Alberta Centre for Child, Family & Community Research (ACCFCR)
- Alberta Consultative Health Research Network (ACHRN)
- Alberta Heritage Foundation for Medical Research (AHFMR)
- Alzheimer's Society of Canada
- Calgary Health Trust (Calgary Health Region)
- Calgary Homeless Foundation
- Canadian Mental Health Association (CMHA)
- Canadian Patient Safety Institute
- Centre for Health Outcomes Research (CHOR; University of Alberta and Capital Health)
- Centre for Suicide Prevention
- Centre of Excellence for Child Welfare
- Child Development Centre of Excellence (McGill)
- Community-University Partnership
- Edmonton Joint Planning Committee on Housing
- Edmonton Senior's Council
- Edmonton Society for the Retired and Semi-Retired
- Health Quality Council of Alberta
- Hotchkiss Brain Institute (U of C)
- Human Rights Commission (Database)
- Institute for Qualitative Research (U of A)
- John Dossetor Health Ethics Centre (U of A)
- Markin Institute for Public Health (U of C)
- Mental Health Evaluation and Community Consultation Unit (MHECCU: UBC)
- Michener Centre
- National Aboriginal Health Organization (NAHO)
- Population Research Lab (U of A)
- Primary care practitioners
- RCMP and other police organizations
- Research Transfer Network of Alberta (RTNA; AHFMR)
- Schizophrenia Society
- SSHRC, CIHR, CIHI, CHSRF and other national funding organizations
- Status of Women Canada
- Swift and Efficient Application of Research in Community Health (SEARCH)
- The Canadian Harm Reduction Network
- The Hospital for Sick Children Foundation
- Western Economic Diversification Canada
- WHO Collaborating Centre in Mental Health Nursing (U of A)
- Workers Compensation Board
- World Health Organization (WHO)

ADDENDUM:

January 25, 2005 RHA/community/research provincial videoconference forum

On January 25, 2005, ninety-six participants attended a final videoconference to specify requirements to clarify the draft PMHRP and advise the Working Group how to strengthen the case for enhancing mental health research in Alberta. Input was received from participants at the thirteen videoconferencing sites including: Edmonton, Calgary, Ponoka, Grande Prairie, Red Deer, Lethbridge and Medicine Hat. Small discussion groups were facilitated to work together to identify areas where the draft plan required enhancing. Forum participants were asked to review the draft Provincial Mental Health Research Plan and respond to the following criteria:

- Identify any requirements to clarify the PMHRP.
- Provide suggestions as to how to strengthen the case for enhancing mental health research in Alberta.
- What questions do you have about the draft PMHRP?

A summary of the key messages delivered have been organized into the following themes:

Linkages and partnerships

Forum participants expressed that linkages need to be made to the following groups:

Clinicians/Service providers
Community agencies
Other areas of mental health and health
Prevention, promotion and early intervention
Private sector
Other provincial and federal initiatives
National Mental Health Strategy
Pharmacies, pharmaceutical sciences and industry
Provincial Mental Health Plan initiatives

It was also requested that the PMHRP include descriptions about how partners will be engaged and how these linkages would be made.

Consumer and service provider involvement
Concern was expressed that consumer involvement needs to be considered as a priority. Consumers, service providers and community agencies need to be involved in developing the research agenda and throughout the research process.

Community agencies
Participants asked where the "front-line" community agencies fit into the PMHRP. It was communicated that community agencies appeared to be far from the funding and that funding should be built into the research plan for community agencies. Recommendations were made to recognize work of community agencies and to expand on processes and mechanisms to involve and engage community agencies. The idea was introduced to embed researchers into community agencies to build agency capacity. The group also wanted to emphasize the engagement of communities in building the research agenda.

Research methodologies
Participants wanted to ensure that different research approaches and methodologies, including qualitative research and research into prevention and promotion would be included in the Plan. They also wanted to see the inclusion of evidence from consumers and front-line staff. A need was expressed to emphasize not only qualitative research but also other innovative research methods, perhaps by expanding on the scope of the Innovation Fund to address indigenous methodologies and Aboriginal ways of knowing as well as other alternative methodologies.

Bureaucracy

Direction was received that the PMHRP should be streamlined to advance mental health and research, rather than to create additional obstacles or levels of bureaucracy.

Priorities

Participants wanted to know if priority-setting for project selection would be a bottom-up or a top-driven process. They emphasized that the Plan needs to identify all potential priorities. Concerns were also expressed that research would be driven by trends more so than consumer needs.

Examples required

Many examples were requested to be included in the PMHRP. Participants asked to see examples included such as: national and international models with successful outcomes; qualitative and other types of research that have improved outcomes in service delivery; research that has made a difference in service delivery and mental health outcomes; and capacity challenges that have been addressed successfully.

Separation of mental health

Concern was expressed that the Plan needs to reflect the integration of mental health with the whole health care system, without creating a stovepipe for mental health. Participants recommended that the plan should encourage integration beyond mental health and also link to other related activities.

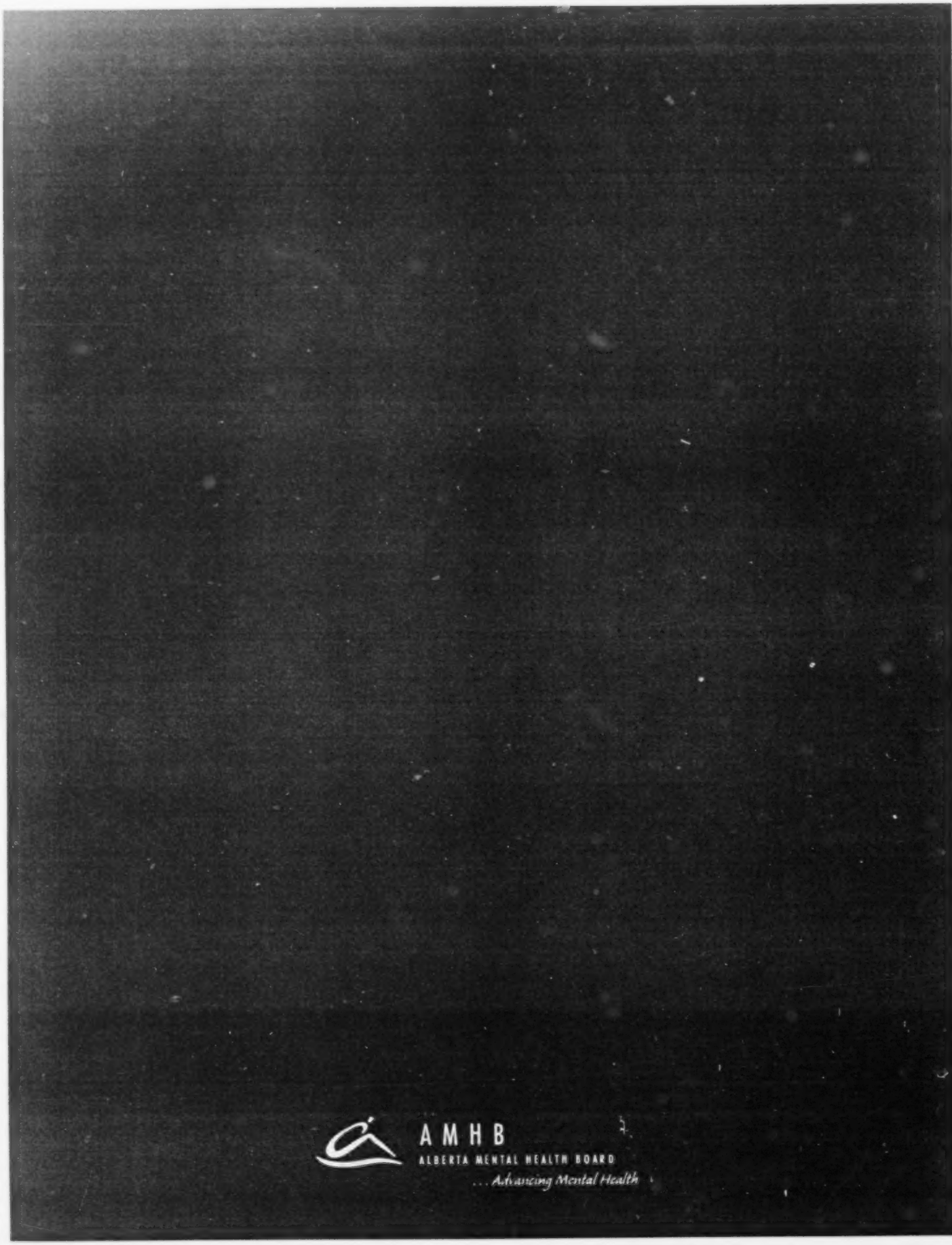
The Centre for the Advancement of Mental Health

Several questions were raised regarding the proposed Alberta Research Centre for the Advancement of Mental Health (ARCAMH or the Centre). Participants asked for clarification on what "building capacity" means and wanted to see an enhanced definition of the role of the Centre. It was not clear to some whether the Centre would be doing research or supporting others to do research. Participants asked for clarification on the Centre's governance structure and the role of the Provincial Mental Health Council. RHAs wanted to see a permanent collective voice in the Centre and in the leadership and coordination committee.

LIST OF ORGANIZATIONS PARTICIPATING IN THE CONSULTATION PROCESS*

- Aboriginal Affairs and Northern Development
- Aboriginal Diabetes Program
- Alberta ACADRE Network
- Alberta Advanced Education
- Alberta Alcohol and Drug Abuse Commission
- Alberta Alliance on Mental Illness and Mental Health
- Alberta Cancer Board
- Alberta Child Family and Community Services Research
- Alberta Children's Services
- Alberta Consultative Health Research Network
- Alberta Health & Wellness
  - Library Services
- Alberta Heritage Foundation for Medical Research
- Alberta Psychologists Association
- Alberta Rural Physician Action Plan
- Alberta Self Help Network
- Alberta Innovation & Science
- Alberta Justice & Attorney General
  - Young Offenders Branch
- Alberta Learning
- Alberta Medical Association
- Alberta Mental Health Board
  - Board members
- Alberta Seniors and Community Supports
- Bent Arrow Traditional Healing Society
- Blairmore Mental Health Clinic
- Canadian Circumpolar Institute
- Canadian Medical Association
- Canadian Mental Health Association
  - Alberta Division
  - Calgary
  - Edmonton
- Centre for Suicide Prevention
- Child and Adolescent Services Association
- City of Edmonton
- Elizabeth Fry Society
  - Calgary Chapter
- First Nation and Inuit Health Branch
- Government of Canada
- Grant MacEwan
  - Aboriginal Connections Diploma Program
- Health Canada
  - Community Health Programs
- Health Quality Council
- Human Resources and Employment
- Human Resources Development Canada
- Institute of Health Economics
- John Howard Society
- Métis Nation of Alberta Association
- Métis Settlements Children's Services
- Métis Settlements General Council
- National Aboriginal Health Organization
- Native Counselling Services of Alberta
- Nechi Training, Reasearch & Health Promotions Institute
- Northern Alberta Forensic Services
- Onoway Mental Health Clinic
- Patient Advocates Office
- Provincial Bullying Program
- Regional Health Authorities
  - Aspen Health Region
  - Calgary Health Region
  - Capital Health Authority
    - Alberta Hospital Edmonton
    - Children's Services
    - North East Community Health Centre
  - Chinook Health Region
    - Raymond Care Centre
  - David Thompson Health Region
    - Library Services
  - East Central Health
  - Northern Lights Health Region
  - Palliser Health Region
  - Peace Country Health
- Southern Alberta Forensic Psychiatry Services
- Schizophrenia Society of Alberta
  - Calgary Chapter
- Solicitor General
- University of Alberta
  - Centre for Health Promotion Studies
  - Department of Psychiatry
  - Faculty of Medicine and Dentistry
  - Faculty of Nursing
  - Faculty of Pharmacy and Pharmaceutical Sciences
  - Faculty of Social Work
  - Native Centre
  - Native Student Services
  - Department of Public Health Sciences
- University of Athabasca
- University of Calgary
  - Community Health Sciences
  - Department of Community Health Sciences
  - Department of Psychiatry
  - Faculty of Medicine (Dean)
  - Faculty of Social Work
  - Library Services
- University of Lethbridge

* Every attempt has been made to list all organizations that were part of the consultation process, we apologize for any inadvertent omissions or errors.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